

# HISTORIC CHURCH OF SAINT PATRICK

130 Avondale Avenue, Toledo Ohio, 43604 (419) 243-6452, f. (419) 243-7032  
 parish@stpatshistoric.org, www.stpatshistoric.org

## Family Registration Form

this section office use only

Registration Date  Envelope Number

Family Last Name: \_\_\_\_\_  
 First Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Family Email: \_\_\_\_\_

**Permission to publish in Parish Directory?**  Phone  
 Address  
 Email

Check if Yes

Name & City of former parish: \_\_\_\_\_  
 \_\_\_\_\_  
 Will the Historic Church of Saint Patrick be your primary parish?  
 \_\_\_\_\_

### Couple / Head of Household Information

Marital Status  if married, Anniversary Date  Wedding Location (church/city)

#### Male / Husband

#### Female / Wife

Name	_____	Name	_____
Birth Date	_____	Birth Date	_____
Sacrament Info	Baptized? <input type="checkbox"/> Reconciliation? <input type="checkbox"/> Catholic? <input type="checkbox"/> RCIA? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmation? <input type="checkbox"/>	Sacrament Info	Baptized? <input type="checkbox"/> Reconciliation? <input type="checkbox"/> Catholic? <input type="checkbox"/> RCIA? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmation? <input type="checkbox"/>
<input type="checkbox"/> <small>Check if Yes</small>		<input type="checkbox"/> <small>Check if Yes</small>	
Occupation	_____	Occupation	_____
Work Phone	_____	Work Phone	_____
Cell Phone	_____	Cell Phone	_____
Email	_____	Email	_____

### Children At Home Information

You may use an extra paper if needed

Child's Name	Birth Date	Gender	Any Special Needs
_____	_____	_____	_____
Check if Sacrament Received. Add date if known	Baptism <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/>	Reconciliation <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/> Confirmation <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/>
_____	_____	_____	_____
Check if Sacrament Received. Add date if known	Baptism <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/>	Reconciliation <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/> Confirmation <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/>
_____	_____	_____	_____
Check if Sacrament Received. Add date if known	Baptism <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/>	Reconciliation <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/> Confirmation <input type="checkbox"/> <input style="width: 50px;" type="text"/> <input type="checkbox"/>